



# HIV PROGRAMMING FOR ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) IN SOUTH AFRICA

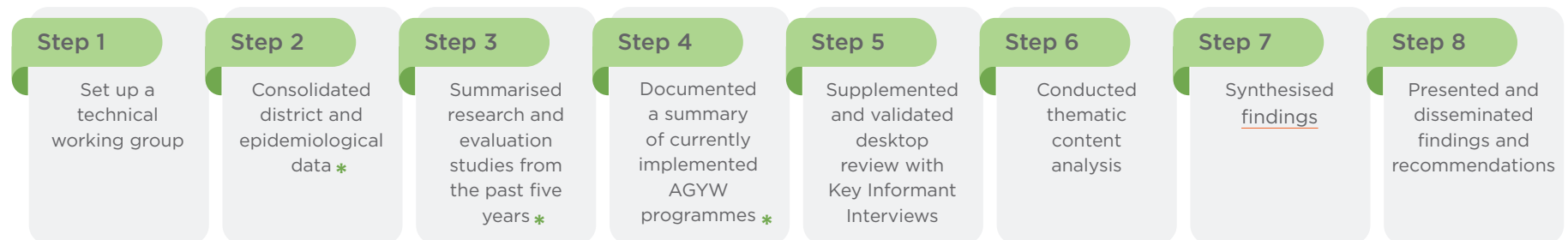
Where are we and where do we need to go?

The purpose of this implementer brief is to summarise key findings and share practical recommendations emanating from the South African AGYW landscaping analysis with programme designers, managers and implementers of the AGYW HIV prevention response.

## HIV prevention programmes are not on track to meet targets for the AGYW

Each year, adolescent girls and young women (AGYW) continue to be disproportionately infected and affected by HIV in South Africa. Though some AGYW programmes show promise, the country's vision for AGYW has not yet been realised and the AGYW targets articulated in the [National Strategic Plan for HIV, TB and STIs \(NSP\)](#) have been missed. While there is a huge emphasis on the HIV epidemic in AGYW and large investments in the response, evidence and experience have not been sufficiently synthesised into guidance that can inform future programming.

This assignment aimed to consolidate and synthesise research [findings](#) and review the implementation of best practices of AGYW HIV prevention programming in South Africa. We followed an 8 step process as shown below:



*\*This information was captured in an Excel tool*

## Key insights on AGYW prevention programming best practices and how to make use of them

### Programme Planning



Through this process we developed a [Situational Review Tool](#) which houses information on AGYW prevention projects today as well as information and evidence from studies on existing and previous projects.

In this policy brief we summarise the best practices from AGYW HIV prevention **Programme Design** and provide insights and examples to implementers on practical steps for implementing these best practices.

## What are the current gaps in the design of AGYW prevention programming in South Africa?



**Programmes are not inclusive of ALL AGYW:** The majority of programming focus is placed on heterosexual AGYW aged 15-24, with **significantly less focus on their sexual partners, families and community.**



**Programmes provide poor access to a package of services:** Key drivers of AGYW risk are behavioural, social and structural issues, compounded by poor access to services; however, many programmes still don't respond fully to these issues.



**Sometimes interventions are delivered with inadequate dosage resulting in limited or transient effects.**



**Programme coverage is not always aligned with risk of AGYW** in different regions, and instead focused on high volume areas to reach targets. Data used in the design of programmes is generally from a provincial perspective, however, due to nuances, district level data is required for improved service delivery and targeting.



**There is a lack of structural interventions addressing socio-economic issues:** These socioeconomic issues include poverty-related inequity, violence and disempowerment which are needed to reduce the risks that intergenerational relationships pose; such as school level screening for violence and sexual grooming, work readiness and economic empowerment programming.

## What are the best practices for design of AGYW prevention programming in South Africa?



**Programmes such as PrEP can be optimised** with the creation of appropriate and receptive environment for effective use and to maximise their impact as they become available. This requires behavioural insights to better understand and target beneficiaries.



**Use AGYW composite risk score in design of programme:** Risk scores should guide design and targeting discussions to reach girls at greatest risk of new infection. **Sub-district community mapping should further guide programme targeting and implementation nuances once districts have been prioritised for intervention.**



**Target AGYW using a combination of biomedical, behavioural and structural interventions:** This should ideally be done before the AGYW become sexually active.

**The environment in which PrEP and other HIV prevention products are delivered need to be:**

1. **Accessible** (Convenient location and opening hours)
2. **Acceptable** (Health providers must be of similar age or slightly older)
3. **Appropriate**
4. **Equitable** (In terms of gender, relationship status or age)
5. **Effective** (Clients are able to follow providers' advice and treatment, the correct advice or treatment was provided, the facility has the relevant supplies and equipment)

## What are the best practices for design of AGYW prevention programming in South Africa?



**Include AGYW in their diversity:** Programme design and approach should include all HIV, youth with disability, LGBTQ<sup>1</sup> youth, pregnant youth, youth who are not yet sexually active - and also the sexual partners and influencers of AGYW.



**Target AGYW using a combination of biomedical, behavioural and structural interventions:** This should ideally be done before the AGYW become sexually active



**Service delivery models for AGYW programme implementation need to be better documented:** Promising and innovative practice need to be shared for joint learning. Particular models worth better understanding are: the hub and spoke approach being utilised in the GF Grant; the layering approach of DREAMS and the school based model for provision of SRH according to updated DBE policy. SBCC interventions for PrEP are currently a gap that needs to be filled in order to optimise the impact of this intervention.

Through this work we developed a **composite risk score** which considered unique AGYW risk factors. Using the composite risk score and existing information on current programme implementation we were able to highlight where certain geographic programme needs of at risk AGYW were not being met.



### How to start community engagement?

Conduct a detailed and joint community mapping exercise before programme implementation - this includes numerous engagements with traditional and community leaders, using local NGOs and CBOs for entry.

*If you are interested in learning about gaps and best practices in programme implementation and management and coordination of programmes - navigate back to the main project page on our website to download a PDF like this one for those areas.*

<sup>1</sup> Lesbian, gay, bisexual, and transgender.

The landscaping exercises is based on research funded by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect the positions or policies of the Bill & Melinda Gates Foundation. This work was done in collaboration with a technical working group that comprised a wide range of technical experts representing key constituencies within the AGYW HIV prevention landscape in South Africa.

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